

Trinity Theological Seminary of South Florida

600 SW Third Street, Suite 3500/Office 3003-3003B
Pompano Beach, Florida 33060
(772) 569-2937 *** (954) 773-1606
Fax: (772) 567-7558

APPLICATION FOR ADMISSION

I hereby request admission to Trinity Theological Seminary of South Florida (TTSSF): Whereby, I may "study to show myself approved to God, a workman that need not be ashamed." I submit myself to the Lordship of Jesus Christ. I submit this application to Trinity Theological Seminary of South Florida in the witness of God and Christ. I make this declaration that I will complete all studies as directed by the Lord and representatives of TTSSF, and to enter the harvest fields, a prepared laborer for the GOSPEL MINISTRY of Jesus Christ.

DATE OF APPLICATION: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER :(____) _____ WORK PHONE NUMBER: (____) _____

DATE OF BIRTH: _____ MALE OR FEMALE: _____

NAME OF APPLICANT: _____ (Last) _____ (First) _____ (MI)
(Dr. / Pastor / Rev / Mr. / Mrs. / Ms.)

HOME ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____

NAME OF CHURCH YOU ATTEND: _____

PASTOR'S NAME: _____ PHONENUMBER: (____) _____

CERTIFICATE PROGRAM: ____ ASSOCIATE DEGREE: ____ BACHELOR DEGREE: ____

MASTER DEGREE: ____ DOCTOR DEGREE: ____

DESIRED AREA OF STUDY: (Please check one area listed below)

BIBLICAL STUDIES: ____ THEOLOGY: ____ CHRISTIAN EDUCATION: ____

CHRISTIAN PSYCHOLOGY: ____ CLINICAL PASTORAL PSYCHOLOGY (Master or Doctorate Only): ____

"Come To A Knowledge Of Truth"

Official Use Only
Form: TTSSF-APP 5/2009

VOCATIONAL & WORKING HISTORY: Please list your vocational and working history beginning with your most recent first, then back in years.....

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

(CITY) (STATE) (ZIP)

DATE BEGAN: _____ DATE ENDED: _____

PLEASES DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

(CITY) (STATE) (ZIP)

DATE BEGAN: _____ DATE ENDED: _____

PLEASES DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

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(CITY) (STATE) (ZIP)

DATE BEGAN: _____ DATE ENDED: _____

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EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

(CITY) (STATE) (ZIP)

DATE BEGAN: _____ DATE ENDED: _____

PLEASES DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

(CITY) (STATE) (ZIP)

DATE BEGAN: _____ DATE ENDED: _____

PLEASES DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

EDUCATION HISTORY: Please list your educational history, starting first with your high school attendance, then any vocational, college/university, Bible College/Seminary studies completed.

NAME OF SCHOOL CITY & STATE	YEARS ATTENDED (MM/YYYY-MM/YYYY)	DEGREE EARNED (Diploma / GED / AA / BA / MA / PhD / ThD)	AREA OF STUDY

SEMINARY & CEU HISTORY: Please list any Continuing education programs you may have attended starting with the most recent first, then going back.....use additional paper if necessary.

NAME OF SEMINAR OR TRAINING CITY & STATE	YEARS ATTENDED (MM/YYYY-MM/YYYY)	CERTIFICATE EARNED	NUMBER OF HOURS EARNED

MILITARY HISTORY:

BRANCH OF SERVICE: _____

YEARS OF SERVICE: _____

TOTAL YEARS SERVED: _____

COMMISSION UPON DISCHARGE: _____

STATUS OF DISCHARGE: _____

POSITION & DUTIES: _____

CHURCH HISTORY: Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend and any positions or responsibilities you may be involved with to support your church (Pastor, Praise & Worship, Teacher, Nursery, Helps, etc.) and any continue on additional paper if necessary.

DATE YOU RECEIVED JESUS CHRIST AS YOUR LORD AND SAVIOR: _____

HAVE YOU BEEN WATER BAPTIZED? _____ DATE: _____

NAME OF CHURCH YOU ATTEND: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS IN ATTENDANCE: _____ POSITION/RESPONSIBILITIES _____

NAME OF CHURCH or MINISTRY YOU ASSIST AS A LABORER: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS OF LABOR: _____ POSITION/RESPONSIBILITIES _____

I hereby state that all of the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Trinity Theological Seminary of South Florida to verify all of the information listed above. **I understand that I am required to submit a Portfolio within 10 days of Admission.** The Portfolio must meet TTSSF Portfolio Evaluation Guidelines. Degrees will not be granted without the submission of a portfolio. Portfolios not received by TTSSF within 10 days, forfeit the opportunity for "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application and/or portfolio are granted at the discretion of Trinity Theological Seminary of South Florida. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ. I will comply with all Seminary Policies, Code of Ethics and Financial Commitments in pursuit of academic excellence in the Word of God. Amen. TTSSF reserves the right not to grant a degree to any applicant who does not fulfill the terms, conditions, and standards set forth by its governing body and the word of God. **No Degrees or Transcripts will be Granted with Outstanding Account Balances.**

I hereby further understand all of the courses and degrees of Trinity Theological Seminary of South Florida are of an ecclesiastical nature, and whether granted or conferred are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial or Service Activities - and are NOT designed to be used in general academic circles.

APPLICANT'S SIGNATURE

DATE